CLAIMS ONLY

Application Number	Filing Date
10/062079	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
~~6~~						
~~7~~						
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		4				
17		3				
18		~~2~~ 1				
19						
20	1					
21		1				
22		1				
23		1				
24		1				
~~25~~						
~~26~~						
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		4				
36		3				
37		2				
38		1				
39	1					
40		1				
41		1				
42		1				
43		1				
~~44~~						
~~45~~						
46		1				
47		1				
48	1					
49		1				
50		1				
Total Indep						
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52		1				
~~53~~						
~~54~~						
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	4					
Total Depend		57				
Total Claims						